

· 1/2/204

NITED STATES PATENT AND TRADEMARK OFFICE

Applicant

Blake, et al.

Appl. No.

10/056,971

Filed

January 25, 2002

For

TWO PART "L"- OR "S"-

SHAPED IOL

Examiner

Willse, David H.

Group Art Unit

3885

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

February/3, 2004 (Date)

Jennifer Alma Haynes, Reg. No. 48,86

RESPONSE TO RESTRICTION REQUIREMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

In response to the Restriction Requirement sent from the United States Patent and Trademark Office on January 14, 2004, please amend the above-captioned patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 19 of this paper.

TECHNOLOGY CENTER R3700



Case Docket No. TEKIA.004A
Date: February 3, 2004

Page 1

In re application of

Blake, et al.

App. No.

10/056,971

Filed

January 25, 2002

For

TWO PART"L"-OR "S" SHAPED

PHAKIC IOL

Examiner

Willse, David H.

Art Unit

3738

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-

1450, on

February 3, 2004

Jennifer A. Haynes, Ph. D., Reg. No. 48/868

COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a <u>Response to Restriction Requirement</u> in the above-identified application, in response to the Office Communication of January 14, 2004.

The fee has been calculated as shown below:

CLAIMS AS FILED

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
Total Claims	76		221	= 0 ×	\$9	= \$0
Independent Claims	2		9	= 0 ×	\$42	= \$0
If application has bee dependent claim(s),		ntain multip	ole		\$140 [']	= \$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0	

(X) The present application qualifies for small entity status under 37 C.F.R. § 1.27.

(X) Return prepaid postcard.

(X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.

Jennifer A. Haynes, Ph.D.

Régistration No.√48,868

Agent of Record

Customer No. 20,995 (415) 954-4114

RECEIVED

FEB 0 9 2004